Page 1 of 2 Attorney Docket No. 8308

As a below named inventor, I hereby declare that:

[X]

one)

My residence, post office address and citizenship are as stated below next mv name.

and was amended on _____

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint

		,		` _			,		,	, , , , , , , , , , , , , , , , , , ,
inventor (if plural	names are li	sted below) of	of the subject	t matter wh	nich is clai	imed and	for which	a patent	is sou	ght on the
invention entitled	COMPOSI	FIONS FOR	PREVENT	ON AND	TREATM	IENT OF	COLD A	AND INF	LUEN	ZA-LIKE
SYMPTOMS AN	D THEIR M	ETHODS O	F USE							
the specification of	f which									
(check	n	is attached	hereto.							

was filed on October 19, 2000 as United States Application No. or PCT International Application Serial No. 09/692,634

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application		Priority	/ Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	[] Yes	[] No
I hereby claim the benefit unbelow.	nder Title 35, United S	States Code §119(e) of any United S	States prov	risional application(s) listed
Application Serial No.	Filing Date	Application Serial No.		Filing Date

I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application	PCT Parent	Parent Filing Date	Parent Patent Number
Number	Number	(MM/DD/YYYY)	(If applicable)
09/421,131		10/19/1999	

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

		Associate	Power	
Atty Name .	Atty Reg Number.	of Attorney	Attached	
John M. Howell	33,713	[] Yes	[X] No	
Karen F. Clark	32,974	[] Yes	[X] No	
Steven W. Miller	31,984	[] Yes	[X] No	
T. David Reed	32,931	[] Yes	[X] No	
Timothy B. Guffey	41,048	[] Yes	[X] No	
James C. Kellerman	43,708	[] Yes	[X] No	
Betty J. Zea	36,069	[] Yes	[X] No	3
SEND CORRESPONDENC	E TO:			
John M. Howell	•			

(513) 622-2184 The Procter & Gamble Company Health Care Research Center Phone No.

OH 45040-9462 8700 Mason-Montgomery Rd. Mason

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Paul John Rennie				
Inventor's signature Four del Remie		10/11	00	
	Date		•	
Residence Ataraxia, Ballfield Road, Godalming, Surrey GU7 2HA, England				
Citizenship British				
Post Office Address Ataraxia, Ballfield Road, Godalming, England				
<u> </u>				
			•	
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Inventor's signature Siron hilling to				
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Residence 67, Heath Road, Weybridge, KT13 8TJ, England				
Citizenship British				
Post Office Address 67, Heath Road, Weybridge, KT13 8TJ, England				
			•	
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Inventor's signature				
	Date			
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Citizenship USA				
Post Office Address 20 Trailbridge Drive, Cincinnati, Ohio 45241				
	•			
Full name of fourth joint inventor, if any <u>Jeffrey Michael Morgan</u>				
Inventor's signature				
	Date			
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Citizenship USA				
Post Office Address 8575 Highmount Drive, Springboro, Ohio 45066				

JMH:Lrs (cases/8308/8308globdecl.doc)



Page 1 of 2 Attorney Docket No. 8308

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My residence, post office address and citizenship are a reated below in the control of the next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint

inventor (if plural names are					
invention entitled COMPOS		<u>NTION</u>	AND TREA	ATMENT OF COL	<u>D AND INFLUENZA-LIKE</u>
SYMPTOMS AND THEIR M	<u>IETHODS OF USE</u>				
the specification of which					
(check []	is attached hereto.				
one) [X]	was filed on Octobe	r 19, 200	00 as United	States Application	No. or
,	PCT International A				<u> </u>
	and was amended or				
			(if appli	cable)	
I hereby state that I have	ve reviewed and unders	stand the			ed specification, including the
claims, as amended by any an					, ,
			h is materia	l to patentability a	s defined in Title 37 Code of
Federal Regulations §1.56.	, to discress informati	011 11110	15 111416114	r to patentaonity a	
	priority benefits under	r Title 3	5 United Sta	tes Code 8119(a)-	(d) or §365(b) of any foreign
application(s) for patent or in					
least one country other than					
application for patent or inver					
the application on which prior		ally FC1	internation	ai application havi	ing a filling date before that of
the application on which prior	ity is claimed.				
Prior Foreign Applicat	ion(s)			<u>Prio</u>	rity Claimed
					[]
(Number)	(Country)	(Day/	Month/Year	Filed) Ye	s No
I hereby claim the benefit ur	don Title 25 United S	Statos Co	ada \$110(a)	of any United Sto	tos provisional application(s
listed below.	ider Title 33, Officed S	states Co	ode 9119(e)	of any Office Sta	tes provisional application(s
listed below.					
Amuliantian Canial Na	Filing Date		Application	Cominal NIo	Filing Date
Application Serial No.	Fining Date	1	Application	Serial No.	Filling Date
I hereby claim the benefit und PCT International application of each of the claims of this a manner provided by the first information which is material available between the filing application:	n designating the Unite pplication is not disclost paragraph of Title 3 l to patentability as de	ed States sed in the 35 Unite fined in	of America ne prior Unit ed States Co Title 37 Co	, listed below and, ed States or PCT I ode §112, I acknowled ode of Federal Reg	insofar as the subject matte international application in the owledge the duty to disclose ulations §1.56 which became
U.S. Parent Application	PCT Parent		Paren	t Filing Date	Parent Patent Number
Number	Number			DD/YYYY)	(If applicable)
09/421,131	Nullibei		10/19/1999		(ii applicable)
09/421,131			10/19/1995	,	
As named inventor, I hereby a business in the Patent and Tra			with:		is application and transact al
A.u. Dī	An D. M. I		Associate		
Atty Name John M. Howell	Atty Reg Number.		of Attorney		
Karen F. Clark	33,713		[] Yes [] Yes	[X] No	
Steven W. Miller	32,974 31,984		[] Yes	[X] No	
T. David Reed	32,931		[] Yes	[X] No [X] No	
Timothy B. Guffey	41,048		[] Yes	[X] No	
James C. Kellerman	43,708		[] Yes	[X] No	
Betty J. Zea	36,069		[] Yes	[X] No	
•	•		[] 103	[21] 110	
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Health Care Research Center			Phone N	O.	

OH

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Zip Code



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor Paul John Rennie		
Inventor's signature		
	Date	
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Inventor's signature		
	Date	
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Citizenship British		
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Full name of third joint, inventor, if any Kimberly Ann Biedermann		
Inventor's signature Kniborly ann Grederma	u 1081 00	
<u> </u>	Date	
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Citizenship USA		
Post Office Address 20 Trailbridge Drive, Cincinnati, Ohio 45241		
Full name of fourth joint inventor, if any Jeffrey Michael Morgan		
Inventor's signature Well 97	11/9/00	
VIVA	Date	
Residence 8575 Highmount Drive, Springboro, Ohio 45066		
Citizenship USA		
Post Office Address 8575 Highmount Drive, Springboro, Ohio 45066		

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